



December 3, 2020

**Virtual General Session
Summary**

FICEMS Members in Attendance

Department of Defense

Elizabeth R. Fudge, MN, MPH, FNP Executive Officer, Office of the Assistant Secretary of Defense
for Health Affairs

Department of Health and Human Services (HHS)

Jonathan Greene, Director, Emergency Management and Medical Operations
Darrell LaRoche, Director, Office of Clinical and Preventive Services, Indian Health Service
Theresa Morrison-Quinata, Health Resources and Services Administration

Department of Homeland Security (DHS)

Duane Caneva, MD, Chief Medical Officer
Cameron Hamilton, Emergency Medical Services (EMS) Program Manager
William Troup, MBA, Chief, National Fire Data Center, US Fire Administration (USFA)

Department of Transportation

James Owens, PhD, MA, JD, Deputy Administrator, National Highway Traffic Safety Administration
(NHTSA)

Federal Communications Commission (FCC)

David Furth, Deputy Bureau Chief, Public Safety and Homeland Security Bureau

FICEMS Staff in Attendance

Office of EMS (OEMS), Department of Transportation

Eric Chaney, EMS Specialist
Jon Krohmer, MD, Director
Clary Mole, MSEM, EMS Specialist
Gamunu Wijetunge, EMS Specialist

Welcome and Opening Remarks

James Owens, PhD, MA, JD, Deputy Administrator, NHTSA; Chair, FICEMS

Mr. Owens opened the general session at 1:01 p.m. ET and welcomed FICEMS members and the audience. Mr. Owens recognized the important contributions of FICEMS and participants to the delivery of EMS across the nation. He expressed his thanks for their continued efforts to support EMS and 911 professionals on the front lines of the COVID-19 response.

The past 9 months have been some of the most difficult times ever faced by the EMS community. However, the community has risen to the occasion thanks to the many brave women and men who have answered the call to serve. Unfortunately, some have paid the ultimate price for their service. NHTSA estimates that more than 325 first responders have lost their lives in the battle against COVID-19, including 219 law enforcement officers, 47 firefighters, 47 EMS clinicians, and eleven 911 telecommunicators. The selflessness, dedication, and resiliency of the nation's EMS personnel is humbling, and the nation thanks each one of them.

Review and Approval of June 9, 2020, FICEMS Meeting Summary

Clary Mole, MSEM, OEMS, NHTSA

A motion to approve the summary of the June 9, 2020, FICEMS meeting carried unanimously.

Federal Operational Update

Jon Krohmer, MD, OEMS, NHTSA

Many federal agencies have EMS programs that provide clinical care daily. The purpose of FICEMS is to bring leaders of these programs together to discuss their activities, identify challenges, and address these challenges.

COVID-19 Response Update

Jon Krohmer, MD, OEMS, NHTSA

When the federal government established the national COVID-19 response plan, HHS and the Federal Emergency Management Agency jointly led the response and established several task forces, including the Healthcare Resilience Task Force. The group is now led by the HHS Office of the Assistant Secretary for Preparedness and Response, and Dr. Krohmer continues to chair the EMS/Prehospital Team for this group. The team is working on some of the issues discussed at the last FICEMS meeting, including personal protective equipment (PPE) shortages. Although PPE supplies are more stable now than in the summer, some shortages still exist, and the team continues to monitor and provide advice on this issue.

Two COVID-19 vaccines are under review by the U.S. Food and Drug Administration (FDA), and more are in development and likely to be submitted to FDA soon for review. The Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) recently released its draft recommendations for vaccine prioritization, and CDC was collecting public comment on the draft. These guidelines are recommendations only; state health departments will ultimately make decisions about prioritization and implementation of the vaccine in their states.

Many efforts are underway to establish vaccination programs and identify the appropriate number of people to administer the vaccines. EMS agencies around the country are being asked or are offering to assist with these programs. However, some EMS agencies are experiencing staffing shortages. The Office of the Assistant Secretary for Preparedness and Response is working with national organizations to make staff available to meet these needs and is leading discussions about crisis standards of care.

DHS Update

William Troup, MBA, USFA, DHS

The National Fire Data Center at USFA manages the National Fire Incident Reporting System (NFIRS), which collects, analyzes, and shares information related to the nation's fire problem. NFIRS collects data on approximately 29 million incidents per year from more than 24,000 fire departments. USFA is modernizing NFIRS to make its tools available on the web and to update its architecture and security. Almost 2,000 NFIRS state program managers and other system users have now received training to use the modernized NFIRS.

USFA is using NFIRS in a national special study on fire department responses to the COVID-19 pandemic. Fire departments that submit data to NFIRS are indicating whether COVID-19 was a factor in each incident. Since the study's inception, it has collected reports on almost 3 million incidents. To date, 1% involved a confirmed case of COVID-19, 4.5% involved a suspected case of COVID-19, and COVID-19 was not a factor in about two thirds of responses.

FCC Update

David Furth, Public Safety and Homeland Security Bureau

In July 2020, FCC designated 988 as the new nationwide three-digit number for the National Suicide Prevention Hotline. Service providers have 2 years to reconfigure their networks to activate 988 for hotline use, a process that they must complete by July 16, 2022. At that time, calls to 988 will be routed in the same way as calls to the lifeline. In the meantime, the National Suicide Prevention Lifeline can be reached at 1-800-273-8255 (1-800-273-TALK).

For years, FCC has required wireless carriers to deliver automatic caller location information to the recipients of 911 calls. This requirement helps emergency providers locate callers in outdoor locations. Recently, FCC updated and expanded its accuracy requirements so that enable emergency providers can locate callers indoors. Starting in April 2021, FCC will require carriers to provide vertical (z axis) location information in 25 major U.S. markets to help identify the floors of wireless 911 callers in multistory buildings. Eventually, carriers will be required to provide this service nationwide.

Discussion

Dr. Caneva asked whether the cell phones of EMS providers could be linked to the cell phones of 911 callers. Mr. Furth explained that FirstNet is developing the capability to pinpoint the locations of first responders within buildings. It is not yet possible to link the cells phones of EMS providers to the 911

system automatically, but this integration could be possible in the future, especially with the move toward next-generation 911.

HHS Update

National Suicide Prevention Lifeline: Preparing for 988

Richard McKeon, PhD, Substance Abuse and Mental Health Services Administration

Currently, 180 crisis centers linked by a toll-free telephone number, 1-800-273-8255 (1-800-273-TALK), are available to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. The service routes calls from anywhere in the United States to the closest participating local crisis center. Trained counselors assess callers for suicidal risk; provide crisis counseling; engage emergency services when necessary; and offer referrals to mental health, substance use, or both types of services.

The counselors send emergency services (police, sheriff, or EMS personnel) in response to 19% of imminent risk calls with callers' collaboration. For 25% of imminent-risk calls, the counselors send emergency services without the caller's collaboration. For the remaining 55%, counselors can reduce the risk level without the use of police or ambulance services through collaborative interventions, such as reducing access to lethal means, involving a third party, jointly developing a safety plan, or providing a referral for rapid follow-up at a crisis center.

National Pediatric EMS Activities

Kate Remick, MD, Executive Lead, National EMS for Children (EMSC) Innovation and Improvement Center (IIC)

The goal of EMSC is to reduce pediatric morbidity and mortality secondary to illness and injury. Much of the work by the IIC over the last 2 years has been based on recommendations from the Institute of Medicine (now the National Academy of Medicine) and joint policy statements from professional societies, including on pediatric readiness in the emergency department (ED) from the American College of Emergency Physicians, Emergency Nurses Association, and American Academy of Pediatrics published in *Annals of Emergency Medicine* in 2018. In the same journal, a joint policy statement was published in January 2020 on pediatric readiness in EMS systems.

Children account for approximately 10% of all EMS transports. These children tend to have a much higher acuity level than adults, and their admission rates are three to four times higher than those for children who present to the ED.

Current and upcoming activities of the EMSC IIC include the following:

- National Prehospital Pediatric Readiness Project: Assessing pediatric readiness in EMS systems and improving pediatric readiness (launched in 2019)
- Telehealth Collaborative: Will develop telehealth programs to improve emergency care access for children with behavioral health emergencies or special health care needs during public health crises by increasing numbers of pediatric health care providers who are ready and able to provide emergency telehealth services for these populations (launching in 2021)

- Pediatric Emergency Care Coordinator (PECC) Workforce Development Collaborative: Will increase the number and effectiveness of PECCs across the continuum of emergency care (launching in 2021)
- Behavioral Health Collaborative: Will optimize care for children with mental health needs (launching in 2022)
- Pediatric Readiness Quality Collaborative version 2: Will help pediatric providers implement certain pediatric quality improvements to improve delivery of and decrease variability in care (launching in 2023)

The EMSC IIC has also worked with EMSC state partnership program managers to establish PECCs within EMS agencies. This effort started with a national quality improvement collaborative that developed best practices for identifying and supporting PECCs. Through that collaborative, each team increased the number of PECCs within EMS agencies. The IIC continues to support these teams with the PECC Community of Practice. As a result, the proportion of EMS agencies with PECCs has increased from 22% in 2017–18 to 30% in 2020.

Three EMSC performance measures target prehospital emergency care and are used to assess the quality of the care that is delivered:

- Submission of National Emergency Medical Services Information System (NEMSIS)-compliant data
- Percentage of EMS agencies in the state or territory with a designated individual who coordinates pediatric emergency care
- Percentage of EMS agencies in the state or territory that require EMS providers to demonstrate the correct use of pediatric-specific equipment

The National Prehospital Pediatric Readiness Project will launch a checklist that EMS agencies can use to identify their pediatric-related strengths and weaknesses and a toolkit with resources to facilitate the PECCs' work.

Emergency Triage, Treat and Transport (ET3) Model

Janelle Gingold, MPH, Center for Medicare & Medicaid Innovation, Center for Medicare & Medicaid Services (CMS)

Medicare currently pays for emergency ground ambulance services only when beneficiaries are transported to a limited number of covered destinations, even when a lower-acuity, lower-cost setting would better meet a beneficiary's needs. The ET3 model gives more flexibility to ambulance care teams when addressing the emergency health care needs of Medicare beneficiaries after a 911 call.

In the ET3 model, CMS will pay participating ambulance suppliers and providers to:

- Transport individuals to a hospital ED or other destination
- Transport individuals to an alternative destination partner
- Provide treatment in place with a qualified health care partner on the scene or through telehealth

CMS has chosen 205 Medicare-enrolled ambulance suppliers and providers or hospital-based ambulance providers from 36 states and the District of Columbia as model participants, and each must

establish partnerships with alternative destination sites (e.g., clinics, behavioral centers, and urgent care centers). Partnerships with qualified health care providers of treatment in place in person or through telehealth are optional. CMS also encourages participants to form relationships with non-Medicare payers to provide reimbursement for ET3 model services.

CMS postponed the original launch date of May 1, 2020, because of the COVID-19 pandemic, but it now plans to launch the ET3 model on January 1, 2021. CMS will issue a notice of funding opportunity soon after the model launch date for up to 40 awards to entities that provide public safety answering point services. These awards will support the establishment or expansion of medical triage line services to refer eligible callers to alternate sources of care and, in some cases, prevent the need for ambulances to be dispatched. Model participants will be encouraged to form relationships with these entities.

Revision of the FICEMS Strategic Plan

Marc Sigrist, Energetics

The 2021–2025 FICEMS strategic plan, currently in draft form, has updated FICEMS mission and vision statements:

- Updated mission statement: Ensure coordination and consistency among federal agencies supporting federal, state, local, tribal, and territorial emergency medical services and 911 systems to improve the delivery of services throughout the nation
- Updated vision statement: A federal interagency committee that enhances coordination and strategically aligns EMS and 911 systems priorities among federal agencies to ensure safe and effective delivery of health care in the prehospital environment

The plan describes six updated strategic goals. For each goal, the plan lists the relevant purposes from the legislation that established FICEMS and the relevant EMS Agenda 2050 guiding principles.

The draft strategic plan will be sent to FICEMS and the Technical Working Group later this month, and members will be asked for feedback. The strategic plan will be finalized using this feedback, and it will then be published on EMS.gov.

Technical Working Group Updates

Evidence-Based Practice and Quality

Diane Pilkey, RN, MPH, HRSA

Peter Fischer, MD, American College of Surgeons

Ms. Pilkey provided an overview of the FICEMS priorities addressed by this Technical Working Group and reported that the committee had no action items.

Dr. Fischer then discussed recent evidence-based revisions by the American College of Surgeons to the field triage guidelines for injured patients. The Agency for Healthcare Research and Quality is sponsoring a review of the evidence that is guided by PICO (population/patient/problem, intervention, comparison, outcome) questions developed by an expert panel. The panel is also collecting feedback

from a broad range of stakeholders, including paramedics and emergency medical technicians, to help guide the revision.

Systematic literature reviews have now been completed for the first step, to assess physiological issues in patients, in the guidelines. The literature review for the remaining three steps should be completed soon. In August 2021, the expert panel will review the draft, and the final version of the revised field triage guidelines should be ready by March 2022.

EMS Data Standards and Exchange

Rachel Abbey, MPH, Office of the National Coordinator for Health Information Technology (ONC), HHS

The EMS Data Standards and Exchange Technical Working Group has no action items. ONC recently released the [2020–2025 Federal IT Strategic Plan](#) and the interim final rule for comment. Because of the COVID-19 pandemic, ONC is extending compliance dates and timeframes for information blocking and the ONC health information technology certification program. Because EMS agencies are considered health care providers, they are covered by the information blocking requirements.

EMS Systems Integration

Theresa Morrison-Quinata, Division of Child, Adolescent and Family Health, Health Resources and Services Administration, HHS

The EMS Systems Integration Technical Working Group has no action items. NHTSA was convening national and federal stakeholders weekly since the number of COVID-19 cases began to rise, but these meetings are now held biweekly.

Safety, Education, and Workforce

Jennifer Marshall, NIST

The goals of the Safety, Education, and Workforce Technical Working Group (TWG) will be updated once the new FICEMS strategic plan is approved. This TWG has no action items. Most of its work focuses on responses to COVID-19, including providing support for mental health resources and the identification of safety-based standards for EMS, including current and emerging PPE needs. The TWG continues to track efforts to address fatigue management of EMS providers and ambulance safety (including ventilation and decontamination).

OEMS Project Updates

Revision of National EMS Education Standards

Dave Bryson, OEMS, NHTSA

The revision of the national EMS education standards was delayed by 6 months because of the COVID-19 pandemic, but it is now moving forward. A draft version of the standards will be released to the public later in December, and comments will be accepted until December 14. Mr. Bryson encouraged FICEMS members and others in attendance to visit the project website on EMS.gov, download the draft document, and provide their comments. The development team and stakeholders

will meet virtually on January 28, 2021, to review the feedback received and finalize the draft for submission to NHTSA and the Health Resources and Services Administration. The final version should be ready by late summer or early fall of 2021 for internal review.

NEMSIS

Eric Chaney, OEMS, NHTSA

In January 2020, NHTSA hosted a listening session that brought together representatives of all segments of the prehospital and hospital data collection communities. Participants discussed data collection in the prehospital environment, data exchange between the hospital and prehospital environments, and ways for hospitals to share data with prehospital systems. The summary of this meeting was distributed to FICEMS, and members could submit comments to Mr. Chaney before January 1, 2021. NEMSIS is using this document as the framework for bidirectional data exchange activities.

NEMSIS now publishes monthly reports on its website with details on recent activities and statistics. According to the most recent monthly report, the NEMSIS version 3 database has more than 117 million records from more than 11,000 agencies in 48 states.

NEMSIS now has two advisory boards. The internal board focuses on data, including how to reduce the time required to document patient care while capturing all needed data and making sure that all data collected are used. The external advisory board focuses on the NEMSIS environment, including the migration of data from servers to a cloud environment. The COVID-19 data-collection tool is now available but has had limited use. Dr. Krohmer clarified that the purpose of the transition of NEMSIS to a cloud environment is a response to changes in technology and federal cybersecurity regulations.

NEMSIS now publishes *EMS by the Numbers* each week. The report shows that total number of EMS activations dropped in recent weeks, and the cost of doing business for EMS agencies is rising as providers are exposed to the novel coronavirus and agencies face staffing challenges. Since the pandemic reached the United States, the number of influenza-like illness activations has increased. The report also describes stakeholder engagement activities, state and vendor support activities, meeting presentations, and other news.

Telemedicine and EMS

Clary Mole, MSEM, OEMS, NHTSA

Walt Zalis, MA, Energetics

The use of telemedicine has expanded across the health care spectrum, including in EMS agencies, with the COVID-19 pandemic. For example, people who call 911 might interact with a provider by computer or telephone instead of in person. CMS has created waivers, such as through the ET3 model, so that EMS agencies can be reimbursed for services provided during the pandemic that do not necessarily involve the use of transport.

NHTSA plans to create resources to enable EMS agencies and 911 access points to create or enhance telemedicine programs. NHTSA has assembled a team of experts in telemedicine services to develop a white paper describing telemedicine designs, considerations, and strategic partnerships. The final

version will be published on EMS.gov in early 2021. OEMS plans to update the document and create other related products in 2021.

Public Comment

A member of the public asked whether OEMS sent a survey from the National Association of Emergency Medical Technicians, American Ambulance Association, and International Association of Fire Chiefs related to COVID-19 staffing. Dr. Krohmer replied that this survey was sent out by the three organizations, not OEMS. These organizations agreed to develop a single survey for their members to collect information on COVID-19-related workforce issues.

A member of the public asked about the inclusion in EMS activities of school nurses, who are front-line clinicians and often the first to encounter children in crisis in schools. Dr. Krohmer replied that the EMS community does not have activities geared toward school health personnel, although the Healthcare Resilience Task Force has a working group focused on school nurses. Dr. Krohmer offered to find out more about this group. Mr. Troup reported that a recent HHS grand rounds session was targeted to school nurses, and Mr. Chaney offered to post the link to this session on EMS.gov.

The next public comment was a question about how to apply for the ET3 awards to establish or expand a medical triage line. Dr. Krohmer explained that the announcement for this funding opportunity is expected to be posted in early 2021. Ms. Gingold suggested that those seeking more information about the ET3 model and its funding opportunities join the ET3 email list.

A member of the public commented that EMS providers serve many people covered by Medicaid, and this individual wondered whether the ET3 model will be expanded to include Medicaid. Ms. Gingold explained that this model is only for Medicare, but CMS encourages its partners to work with other payers.

Another ET3-related question was whether a mobile health office supervised by a nurse in a hospital that has swing bed status could receive reimbursement through the ET3 model. Ms. Gingold replied that CMS recognizes that ambulance services do not always have the infrastructure needed to transport patients to alternate destinations or provide treatment in place, and CMS is helping these agencies establish the infrastructure needed for Medicare reimbursement for these services. Brenda Staffan, also of CMS, added that the ET3 model partners provide opportunities for qualified health care providers to work with ambulance providers in the ET3 model.

A member of the public commented that many EMS agencies work with community paramedicine programs and asked how to encourage states to offer Medicaid reimbursement to EMS providers through the ET3 model. Ms. Gingold reported that CMS encourages multi-payer engagement in the ET3 model, and CMS is working with Medicaid colleagues to determine how to encourage participants to work with their Medicaid programs to seek reimbursement and alignment.

The next public comment was about the distribution of COVID-19 vaccines to EMS providers. Although FDA's Advisory Committee on Immunization Practices included EMS providers in Category 1a, the highest-priority group, for COVID-19 vaccination, at least three states have moved EMS providers into Category 1b. EMS providers have responded to the national public health emergency

knowing that they had few of the resources needed and regardless of the risk. As a result, many EMS providers have given their lives in the service of their nation during this crisis. This commenter asked what FICEMS plans to do to ensure that states mandated to include EMS providers in Category 1a. Dr. Krohmer explained that CDC is providing recommendations that state and local health departments can use to make their own decisions about vaccine distribution. FICEMS has no authority to issue mandates, but it is encouraging EMS stakeholders to communicate with CDC and state health departments about considering EMS providers and other public safety and first responders in their prioritization plans.

The last question from a member of the public was why a revenue model is used to fund EMS, unlike police and fire services. Socially and economically disadvantaged populations suffer disproportionately in these models. Dr. Krohmer replied that this reimbursement issue has been the subject of discussion among EMS stakeholders for decades, but he believes that progress is being made.

Closing

A motion carried to adjourn the meeting at 3:37 pm ET.